

CONNIE LOCK-BOUVIER, LAC
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INFORMED CONSENT TO TREATMENT

I, _____, consent to acupuncture treatments and other procedures
(patient's printed name)

associated with Traditional Chinese Medicine by the acupuncturist, Connie Lock-Bouvier LAc. I have discussed the nature and purpose of my treatment with the above named practitioner.

I understand that methods of treatments may include, but are not limited to, acupuncture, moxibustion, cupping, electrical stimulation, acupressure, Chinese herbal medicine and nutritional counseling.

Acupuncture attempts to normalize physiological functions, to modify the perception of pain, and to treat certain diseases of dysfunctions of the body. I have been informed that acupuncture is a safe method of treatment, but that it may have side effects, including bruising, numbness or tingling near the needling sites that may last a few days, and dizziness or fainting. Bruising is a common side effect of cupping. Unusual risks of acupuncture include spontaneous miscarriage, nerve damage and organ puncture, including lung puncture (pneumothorax). Infection is another possible risk, although the clinic uses sterile needles and maintains a clean and safe environment. Burns and/or scarring are a potential of moxibustion. I understand that while this document describes the major risks of treatment other side effects and risks may occur.

The herbs and nutritional supplements (which are from plant, animal and mineral sources) that have been recommended are traditionally considered safe in the practice of Chinese Medicine, although some may be toxic in large doses. I understand that some herbs may be in appropriate during pregnancy. Some possible side effects of taking herbs are nausea, gas, stomachache, vomiting, headache, diarrhea, rashes, hives, and tingling of the tongue.

I understand that the herbs need to be prepared and the tea consumed according to the instructions provided orally and in writing. The herbs may have an unpleasant smell or taste. I will immediately notify Connie Lock-Bouvier, LAc, of any unanticipated or unpleasant effects associated with the consumption of the herbal teas.

I will notify Connie Lock-Bouvier, LAc if I am or become pregnant.

I do not expect Connie Lock-Bouvier, LAc to be able to anticipate and explain all possible risks and complications of treatment, and I wish to rely on Connie Lock-Bouvier, LAc to exercise judgement during the course of the treatment based upon the facts then known as my best interests.

I understand the clinical and administrative staff may review my medical records and lab reports, but all my records will be kept confidential and will not be released without my written consent.

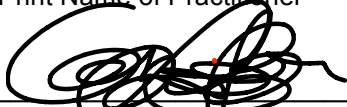
By voluntarily signing below I show that I have read, or have had read to me, this consent to treatment. I have been told about the risks and benefits of acupuncture and other procedures, and have had an opportunity to ask questions. I intend this consent form to cover the entire course of treatment for my present condition and for any future condition(s) for which I seek treatment.

Print Name of Patient (or Representative)

Signature of Patient (or Representative)

Connie Lock-Bouvier

Print Name of Practitioner



Signature of Acupuncturist